Attorney's Docket No.: 15670-036001 / SD2001-014-2

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Mihrimah Ozkan et al.

Art Unit : 2881

Serial No.: 09/917,139

Examiner : Zia R. Hashmi

: July 26, 2001

Title

: MANIPULATION OF LIVE CELLS AND INORGANIC OBJECTS

WITH OPTICAL BEAM ARRAYS

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

TRANSMITTAL LETTER AND PETITION FOR AUTOMATIC EXTENSION

Correspondence relating to this application is enclosed. The required fees are computed below. Please apply any charges not covered, or any credits, to Deposit Account No. 06-1050. Total Claims 45 \$ 25

Applicant hereby petitions under 37 C.F.R. \$1.136 for a 1 month extension of time.

\$ 60

TOTAL FEE DUE

\$ 85

Respectfully submitted,

Date: December 9, 2004

Bing Ai

Reg. No. 43,312

Fish & Richardson P.C. PTO Customer No. 20985 12390 El Camino Real

12/20/2004 TD Sans Diego, Callifornia 92130

Telephone:

(858) 678-5070

01 FC:2251

Facsimille: (858) 678-5099

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CERTIFICATE OF TRANSMISSION BY FACSIMILE

I hereby certify that this correspondence is being transmitted by faceimile to the Patent and Trademark Office on the date indicated below.

December Date of Transmise

Signature

S. Gebhart
Name of Person Signing Crytificate

PAGE 2/22 * RCVD AT 12/9/2004 8:14:35 PM [Eastern Standard Time] * SVR:USPTO-EFXRF-1/2 * DNIS:8729306 * CSID:1 858 678 5099 * DURATION (mm-ss):08-08

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information units PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875									ess it displays a valid OMB control n Application or Docket Number 09917139		
CLAIMS AS FILED - PART I (Column 1) (Column 2) S							SMALL	ENTITY	OR	OTHER THAN SMALL ENTIT	
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MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))							+ s =		OR	+ \$=	
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(Column 1)			•••	(Column 2) (Column 3)			SMALL ENTITY		OR		R THAN ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADI TION FE
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FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))

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[•] If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

[&]quot;If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

^{***} If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.